

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

To: Classification and Compensation Division, Office of Human Resources

From: _____

Date: _____

Subject: Reclassification of PIN _____

This request is being made to reclassify the above-indicated PIN as follows:

Incumbent's Name / Indicate, if vacant: _____

Appropriation Code: _____ **Fund(s):** _____

Current Class: _____ **Code:** _____ **Grade:** _____

Requested Class: _____ **Code:** _____ **Grade:** _____

Effective Date: _____

Is employee currently receiving acting capacity compensation? _____ Yes _____ No

If yes, indicate acting classification: _____

Attached are the **required** documents: MS-22 (Position Description)

Form 1854

Organizational Chart(s)

MS-100 (for filled positions only)

Other documentation to process appointment (if applicable)

Please send final notification of this action to:

Supervisor: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

as well as to the employee & myself. Questions regarding this request may be directed to:

Name: _____ Phone: _____

The reclassification review process normally occurs within 6-8 weeks of receipt.

For status requests after that time please contact Joyce A. Joyce (410) 767-6410.

THIS SECTION FOR CLASSIFICATION & COMPENSATION DIVISION USE ONLY

Approved as requested _____ Requested level changed _____

New Classification: _____ Class Code: _____ Grade: _____

Signoff: _____

Dana M. Casparriello
Chief, Classification and Compensation Division

Date

Comments: _____

Revised: 10/26/05